

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Juc	4533	
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		65372	5-11-00

INDEX OF CLAIMS

☒ Rejected
☐ Allowed
☐ (Through numeral) ... Canceled
☐ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date	Claim	Date	Claim	Date
Final Original		Final Original		Final Original	
1		1		101	
2		2		102	
3		3		103	
4		4		104	
5		5		105	
6		6		106	
7		7		107	
8		8		108	
9		9		109	
10		10		110	
11		11		111	
12		12		112	
13		13		113	
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31		31		131	
32		32		132	
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34		34		134	
35		35		135	
36		36		136	
37		37		137	
38		38		138	
39		39		139	
40		40		140	
41		41		141	
42		42		142	
43		43		143	
44		44		144	
45		45		145	
46		46		146	
47		47		147	
48		48		148	
49		49		149	
50		50		150	

If more than 150 claims or 10 actions
staple additional sheet here

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